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An inaugural dissertation on Dysentery  
submitted to the Medical Faculty, by  
Matthew Page. Paper March 18<sup>th</sup> 1824  
W. E. H. Dean

By the Rules of the Medical Institution  
of Philadelphia; each Student, preparatory  
to his becoming a candidate for Graduation  
must deliver to the Dean of the Faculty, a  
Thesis on some Branch of Medical Science. It  
falls to my lot to comply with this Regulation.  
Could I contribute any thing of much Importance  
to the Advancement of Medical Science, or point  
out any useful Improvement in the Treat-  
ment of Dysentery, which so often baffles  
the Skill of our most able Physicians, how  
gladly would I contribute my little Mite.

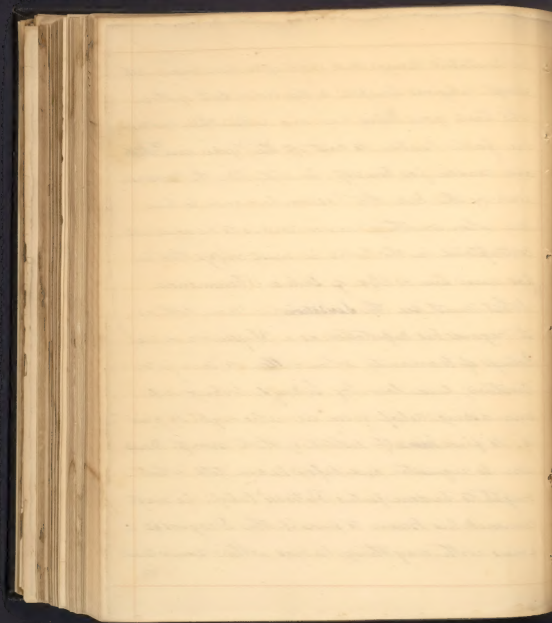
To advance any thing materially new on a  
subject which has been so ably discussed by  
others, is not an easy matter. The Student is  
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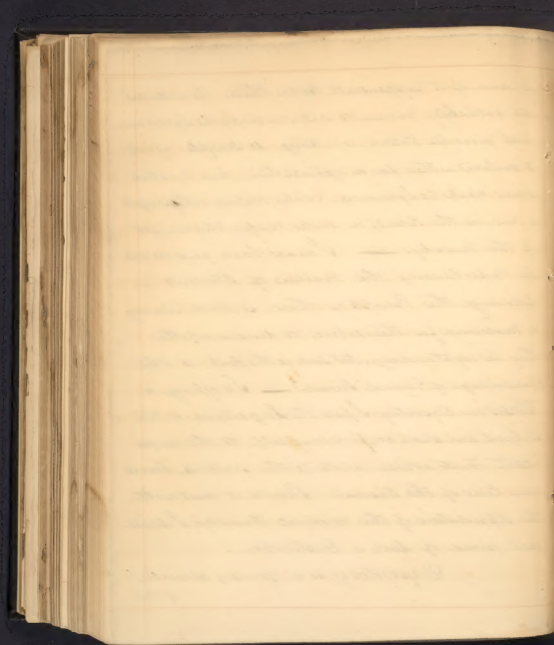
an imitative being, and is too often tied down, with almost religious scruples, to the beaten path of those who have gone before him, and rather than make one feeble exertion to cast off the Yoke, and <sup>think</sup> and reason for himself, he will, like the Mechanic, work by the rule that has been laid down for him, and when something new or rare is to be done, not contemplated in the rule, he must confess that he has never seen or heard of such a Phenomenon.

What must be the sensations of a Man, both as it regards his Reputation as a Physician, or his Feelings of Humanity, when called to see a fellow Creature, laid low by sickness, looking up and asking Relief from us, who ought to give it, to find himself destitute of that prompt Decision so requisite, and before he can tell what ought to be done for his Patients Relief, he must ransack his Brain to find if the Diagnosis agrees with anything he has either seen or read of,



of, and if it happens not to be there, he will be too foolishly proud to acknowledge his Ignorance, but gives his Patient something so simple as not to declare either for or against him, and by that means cloaks his Ignorance, while Nature either effects a Cure, in the Patient, or sinks under the weight of the Malady. — I may have gone too far in reprehending the Practice of Students in following the Precepts of others, without Thinking or Reasoning for themselves, to discover whether they be right or wrong, but such is the Fact, to the Disadvantage of Manual Science. — In offering a Thesis on Dysentery, I feel the Importance of the Subject and shall confine my self to the important Facts which relate to the Nature, Cause and Cure of the Disease. Should it meet with the Approbation of the Medical Faculty, I shall feel proud of such a Distinction.

Dysentery is a Genus of Disease,  
of the



of the Class Pyrexia, and Order Profluvia of Bullen,  
and according to his Definition, contagious Pyrexia, with  
frequent mucous and bloody stools, the Feas being for the most  
part retained, Grippes, Tenismus. This Definition of  
Bullen is objectionable in part as it relates to Contagion.

That this Disease is always contagious, must be denied,  
nor can it ever be said to be so, except when the Atmos-  
phere is vitiated, from crowding together many Persons  
labouring under this Disease, as in Camps, Hospitals  
or, and when contagious it is of the Typhroid Character;  
the contagious matter being, a genuine secretion  
and Elimination from the vessels of the Skin, that this  
is the correct Hypothesis now appears to be established.

Some have supposed the contagious matter arose  
from the Exhalation of the putrid stools. This  
seems to be doubtful; for supposing this to  
be the case, we might expect Dysentery  
to arise from the putrid stools of Camp,  
Diarrhea, this we know not to be the fact.

We then





We then must refer contagious Dysentery to a specific Matter generated by the Vessels of the Skin. The ordinary Forms of Dysentery are not contagious, and are produced by the common Causes of our Autumnal Diseases; such as Marsh Effluvia, sudden Transitions from Heat to Cold, damp Atmosphere, after a Spell of warm Weather, certain indigestible Substances eaten; in fact, any thing that checks Perspiration and determines to the Bowels.

The general symptoms previous to an immediate Attack of Dysentery, would lead us to suppose that the Stomach was primarily affected, and by the intimate Sympathy which exists between this Organ (the Centre of Action) and the Intestines, all the succeeding symptoms arise. We have here symptoms in the first stage similar to those, where there is a Reception of the Eruption in Measles,  
small Pox



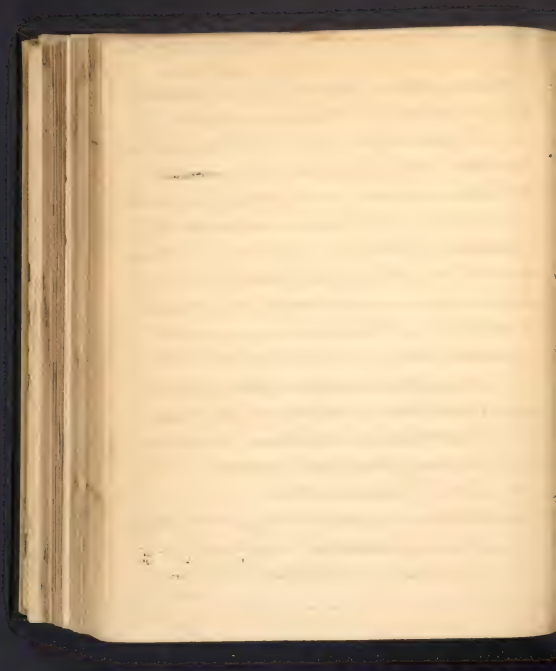
Small Pox &c; such as Nausea, Head ache, Inquietude  
&c. We may trace the Causes of the early Symptoms  
of Dysentery, to Rupture of the Blood, from the  
extreme Vessels to the most deep seated Parts, causing  
thereby, too great an Influx of Blood to the Stomach,  
Intestines &c; and from this Influx, Inflammation<sup>m</sup>  
and all its Consequences. I am led to adopt  
this Theory, knowing, as I do, that so soon as a heal-  
thy action is established in the extreme  
Vessels, the Disease ceases. It is stated as a  
Fact, that the Disease will run its Course in  
Defiance of all Medicine; but it arises from this  
Circumstance, that when once the Vessels of  
the Skin have taken on an unhealthy action,  
if not reestablished, early, they become so  
implicated, as to baffle all Attempts to reestab-  
lish their natural Functions speedily. This  
Disease has been said by some to admit of no  
cure, but will run its Course, if not taken  
in the



in the early Stage; this is nearly true; but that  
the more violent symptoms can be relieved, and  
that <sup>can</sup> ~~can~~ a lost Nature is the reestablishment of  
her healthy Functions, must not be doubted;

Old states, moreover, coming to the Engorgement  
of the internal Parts, and particularly the  
Intestines, they become inflamed, and extremely  
sensible, once the natural Faces to which they  
before were nearly insensible, now become  
an extraneous Irritant; and such is the  
excessive sensibility of the Colon (the biliousness  
upon which the Disease principally expends  
itself) that there is a continual Effort to expel  
the smallest Portions of either Faeces, Mucus, or  
bile; they all acting highly irritant, in this  
state of the Intestinal Coat.

Dysentery is a Disease belonging to the Country  
principally, and prevails in Incontinent Parts  
most. I have seen our bilious inflammatory  
Fever



Fevers raging on the bottoms adjoining our Rivers  
and the Dysentery prevailing on the Hills.

This is owing to the Coolness of the Nights in  
the Hills, thereby checking the healthy outlet  
from the Skin. It also frequently occurs about  
the same time with Alternatal intermittent  
fevers and with this is often complicated.  
The Disease is much more frequent in warm  
climates, than in cold ones; and in the  
Months of August, September and October, in  
the West Indies they have heavy rains, which  
render the Negroes of those Colonies very sub-  
ject to it. The Body having been rendered  
irritable by the extreme Heat of the Sum-  
mer, and being exposed suddenly to much  
moisture, the blood is thereby thrown from  
the capillary Vessels upon the Intestines so as  
to give rise to Dysentery.

Symptoms. An attack of Dysentery is  
often





often preceded by loss of appetite, Costiveness,  
Hæmaturia, sickness of the Stomach with slight  
vomiting, and commonly with Chills succeeded  
by Heat in the Skin and frequency of Pulse.

These Symptoms and the Tormentum of Gripping  
and increased evacuations which soon after occur.  
When the Inflammation begins to occupy the  
Colon, the Discharges become more frequent  
and less abundant, and in passing through the  
inflamed Intestine cause great Pain, and  
every Evacuation is preceded by Gripping and a  
rumbling Noise. The Motions vary both in  
Quantity and Colour, being sometimes frothy  
mucous streaked with blood, at others, of an  
acid watery Nature like the washings  
of Meat, of a very fetid Smell. Sometimes pure  
Blood is voided, and again Coagulated mucous  
resembling small Pieces of Cheese; Sometimes  
the Evacuations are pure mucous without  
any Blood



unc. blood, resembling that Disease which is known  
by the Name of Dysentery alba, or Morbus Mucoſus.

Sometimes natural Faeces appear in the Discharges  
in the Form of hard Balls, called Scybala, which  
passed, the Patient experiences temporary Relief from  
Griping and Tenesmus. There is sometimes a  
Protrusion of the Anus from Straining, which aggravates  
the Tenesmus. The Pains in violent Tenesmus are  
said by Women to resemble the bearing down Pains  
of Parturition. More or less Pyrexia usually attends  
with the Symptoms which have been described, though  
not all the Disease. It sometimes reaches the Intermittent  
Form and assumes the Tertian Type, and at  
others the Continues. Sometimes the Typhus; it is said  
also to attend with Catarrh and Rheumatism.

It is most unfavourable when the Symptoms  
run high, producing great Prostration of Strength,  
and accompanied with a fetid and involuntary Dis-  
charge of black grumous Matter; the Disease often  
more fatal



moves fatal in a few days. But when they are more moderate, it is often protracted to a considerable length of Time, and so goes off at last with a gentle Perspiration diffused over the whole Body: the Fever, Gripings, and Thirst then ceasing, with soft natural Discharges. Post Mortem Examinations of Persons who have died of dysentery, shew the internal Coat of the Intestines, (but more particularly the Colon and Rectum) inflamed and the consequences of Inflammation, such as Ulceration, Gangrene, and Contractions. The Peritonaeum also sometimes exhibits appearances of Inflammation.

### Diagnosis

Dysentery can only be confounded with Diarrhea, and from the near Alliance of a mild Case of Dysentery to a severe one of Diarrhea, there is some Difficulty of distinguishing them. Nosological Writers distinguish it by saying that it is contagious, by there being Fever and Inflammation, by bloody stools, and the Tenesmus being much greater than in Diarrhea.

But



But all these diagnostic Signs will fail the Practitioner  
or sometimes, and where is the Mighty Difficuly, should  
they fail. If there was a hard, strong, full and active  
Pulse, we would not think of asking whether it  
was Dysentery or Diarrhea, but relieve the urgent  
Symptoms that present themselves, and let the Name  
of the Disease take Care of itself.

<sup>my</sup>  
(Treatment. Can entering on the Treatment  
of Dysentery & feel a good Deal of Embarrassment  
in presenting a Mode of Treatment, rather different  
from that recommended by high Authority, but  
which, from practical Experience in my Hands,  
will justify any new Remedy or Modification of  
Practice which I may suggest. Indeed I wish to  
the vacillating in the Treatment of Dysentery, that no  
Person now thinks of following any one kind of Practice;  
so variable is the Mode among different Practitioners.  
Some rely altogether on Purgatives for its Cure, some  
Copious Bloodletting, others Diaphoretics &c.; either  
of these





of these Remedies must prove inefficient to the Accomplish-  
ment of a Cure Separately; but the Partisans of each  
have been led away from Reason, by bigotted Pre-  
judice, and have ~~demanded~~ all Remedies in <sup>fact</sup> but  
those which, from some few successful Trials  
have succeeded in their Hands. That this is too much  
the Case cannot be denied. To present a Practice  
altogether clear of blame is not an easy Matter, but  
from the practical Experience in the one which I am  
about to detail, I feel some Degree of Confidence.

Called to a Patient labouring under the first  
Symptoms of Dysentery, such as Nausea, slight  
vomiting and Chills, we would not hesitate for a  
moment what was the proper Remedy, but with  
Confidence proceed to relieve the urgent Symptoms  
that present themselves. And to do this most  
effectually we would prescribe an Emetic of Tartar,  
chasing him from the wide prevailing Influence of its  
operations, breaking up and throwing down <sup>as it</sup>  
arises



were the morbid affections which arise in Embryos, and only want a little Time to establish a strong foothold.

After the Operation of the Emetic it may be necessary to prescribe some mild Diaphoretic with a Purgative such as two grains of Opium, and one of Calomel. By pursuing this Course we almost invariably, if called in time, arrest the farther Progress of the Disease. But such is the Case, that we are not often called to the Patient until the Disease has established itself. The blood Vessels having taken on a Disordered Action, which requires the most prompt and vigorous Use of the Laxative, conjoined with other depletory measures to subdue it.

As stated previously on the Pathology of this Disease, that from whatever Cause the healthy <sup>Circulation</sup> ~~action~~ in the Capillary Vessels has been checked, and an influx of Blood naturally to the deep seated Parts, must from the Engorgement of these Vessels produce a Degree of Inflammation. Now if the Engorgement of the internal Parts is not relieved by inviting back the healthy



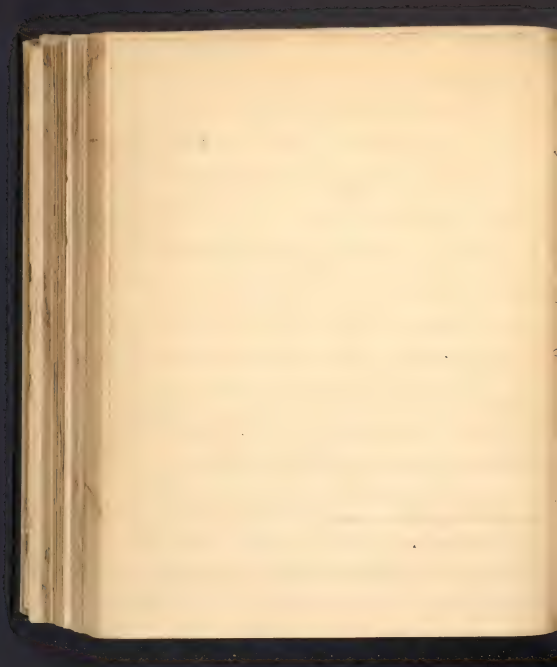
the healthy action, or breaking down the morbid  
affections just forming, in the vessels of the Skin  
by the means already pointed out &c. &c., which I  
think the most effectual. The vessels of the surface  
go on to increase in their diseased action, which must  
necessarily produce a derangement of the more deep seated  
parts and keep up an inflammation, which if not removed  
timely must in the end either prove fatal or change  
the Patient into the Extremum. From what has been said  
it must appear, that if Relief is not obtained in the  
incipient stages by the means already pointed out  
that the most effectual remedy to put a stop to the progre-  
ss of the Disease, is Blood Letting. This is to be  
performed with no timid Hand, so long as we have  
 Vigour of Constitution, (Always bearing in mind  
the Difference when epidemic, or when there is  
a Disposition to the Typhoid State) from 15 to 20 ℥y  
at a time should be taken, and that from a large  
Orifice. Blood Letting is decidedly the most effectual  
means



Means of stopping the Haemage of the Uterus and of  
subduing Inflammation of the Intestines, until the Reflux  
of the Skin are established in their natural Functions.

It will be necessary, if there is any gastric Disturbance  
after blood Letting, to exhibit an Emetic of Tartar, which  
relieves the Stomach of its Morbid Contents and invites  
to the Skin. It is one of the Means of Depuration,  
Purgatives has been highly extolled, and was once  
told by some to continue it until the Faces  
become natural. This is very much the Practice at  
the present Day, and some rely on it for a Cure; from  
what then appears to be a favourite Remedy, I must  
beg leave to differ. It appears to me, so far Purgatives  
may be given as to evacuate our feculent Matter which  
the Bowels may contain, (it acting as <sup>an</sup> Emetic)

But to a greater Extent I must deny. Where  
can be the necessity of harassing the Patient with Purgatives  
to expell that which is not there. We know that the Alime  
not taken in by a Patient, labouring under Dysenteries  
is in the

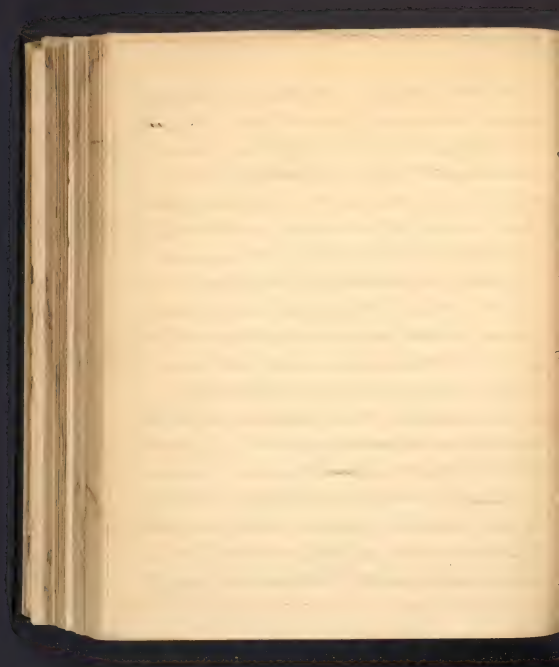




is in the extreme trifling; but still we give Purgatives  
as we say to remove the feculent Matter which is  
accumulating, either from the Offal of the Aliments  
received by the Mouth, or the little Mucus which  
is poured out by the Mouth of the lubricating Ducts.

Now I would ask which must prove most injuri-  
ous, the continual Existence of the peristaltic  
Motion by Purgatives to get natural Stools, which  
cannot be there, or the Slight Irritation arising  
from any natural accumulation? Certainly I would  
say the Irritation produced by the latter Cause  
is comparatively small to that of the former.

We know that from the inflamed State of the Intes-  
tines they must be extremely sensible, and independent  
of the Irritation of Purgatives themselves, they are the  
Cause of another Irritant (the Bile) which by  
the great peristaltic Motion is made to glow into the  
Intestines, and finding nothing to act upon, must  
of course act upon the Inflamed Surface of the  
Intestines



Intestines. It is said with truth, that the seat of  
Dysentery is principally in the Colon and Rectum, Wh<sup>o</sup>  
because the Sol<sup>u</sup>ts loose their solubility and aqueous Par  
ticles previous to their coming to the Colon, and when  
arrived there, they are excessively irritating, which  
is the cause of these Parts being more inflamed than  
the other Intestines.

I have given my Reasons for objecting to the  
exclusive use of Purgatives: the only good demand  
them, is by mildly opening the Bowels to remove any  
superfluous Matter they may contain, and throughout  
the Disease only to keep the Bowels soluble. Such has  
been my Practice with the Opportunities I have had,  
and I am pretty well convinced of its superiority over  
that of treating the Disease by Purgatives alone  
or ~~longer~~ to the extent that some have done.

The Cases which I have found to act best in this  
Disease, are those that have some peculiar action  
on the Skin, among which is a Combination of Itch,  
burn



Opium, and Calomel, so combined as to act as a mild  
aperient, and at the same time diaphoretic. The  
Proportions are as follows, Specac. 3. Calomel 2. Opium  
72 Grain. given every three or four hours. The Effect  
of this Medicine is astonishing in its Operations. I have  
seen it Calm the Agonies of the Patient from Concom-  
us, and Griping like a Charm. It moves the  
Bowels slightly without that extreme Pain other  
Purgatives give; but its principal Action is to Calm  
Irritation, which it does greatly, and to increase  
the Circulation on the Surface, which of course must  
take blood from the deep seated Parts and thereby  
lessening the Inflammation of the Intestines.

Nearly similar in its Effects is an Appearant  
composed of Flowers of Sulphur and Charcoal,  
of each a Tea spoon full, to be given, in a little  
Honey or Sugar, Morning, Noon and Night. In  
what Manner the Charcoal acts, I am at a loss to  
say certainly; but that it will correct the <sup>Excess</sup>  
Stools



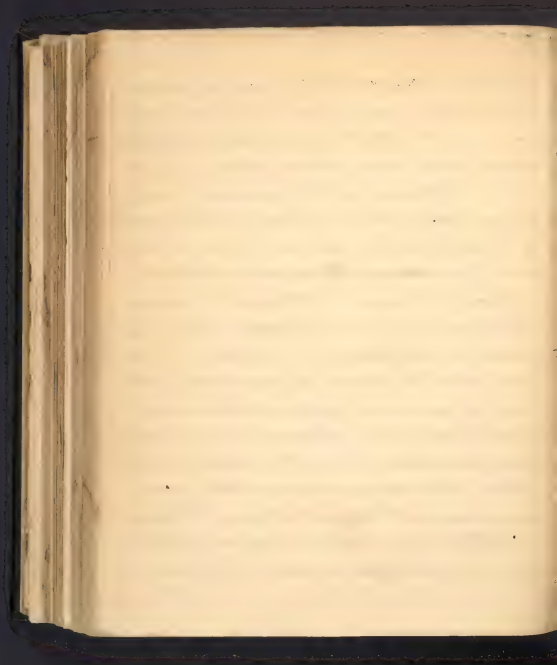
Stools, and that its Action goes farther seems to be  
And a doubt, for the Sulphur given alone, will  
not produce that happy Effect of the Combination;  
it does not produce that Irritation of the bowels which  
we might suppose, from its inflammatory Nature, but  
appears to act some Way as a Sedative, Calming the  
Disturbances of the Patient. It is to be borne in Mind, ~~that~~  
that we should not think of depending on this Plan  
of Treatment, that is by Mild aperients, so long  
as there was Actual Excitement, but when that is  
subdued; then Medicines which act upon the Skin  
as well as Mild aperients, are the most proper  
for effecting a Cure. An Enema may be resorted  
to beneficially to remove the feculent Contents of the  
Colon; of these the best is, Claret or Tea, Elm water,  
Barley Water &c. combined with a little Opium to  
lessen Irritation. I might enumerate fifty other  
Purgatives, but believe they will be found inferior  
to those which I have mentioned; and denying  
entirely





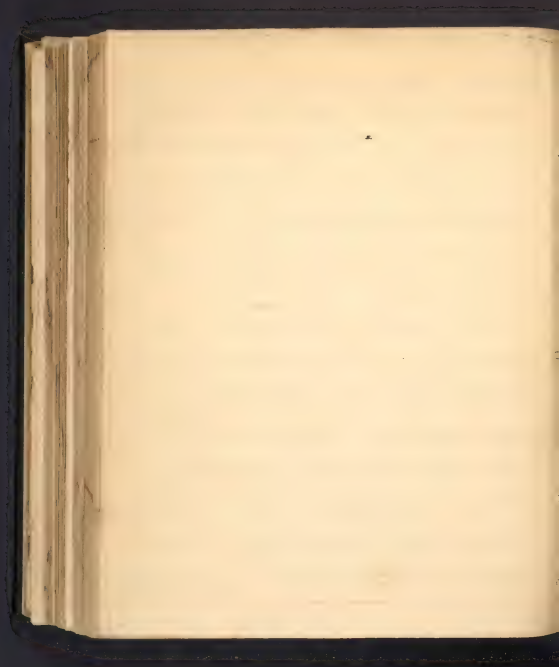
entails the Plan of Treating Dysentery by Purgatives, I shall go on to mention some of the Auxiliaries.

The next Class of Remedies of Importance and on which we are to place great Reliance in the Cure of this Disease, is the Diaphoretics; Much has been said on the the Treatment of this Disease by Diaphoretics; Some have relied solely upon them for its Cure; among the number is Playfair a Surgeon of Bengal. To the different Diaphoretics, Sassa emetic is approved of by some as being most effectual in reestablishing a healthy Action on the Stom. From the Trials<sup>was</sup> made with it, I think it not Superior, if as good, as Spica, it may be given  $\frac{1}{4}$  of a Grain with one Grain of Opium, every two or three Hours. The most effectual Diaphoretic is Spica. This Medicine has been entirely relied on by some for the Cure of Dysentery. Playfair is of the Number, he says he used it with Effect from a half to a full Dose, combined with  
from

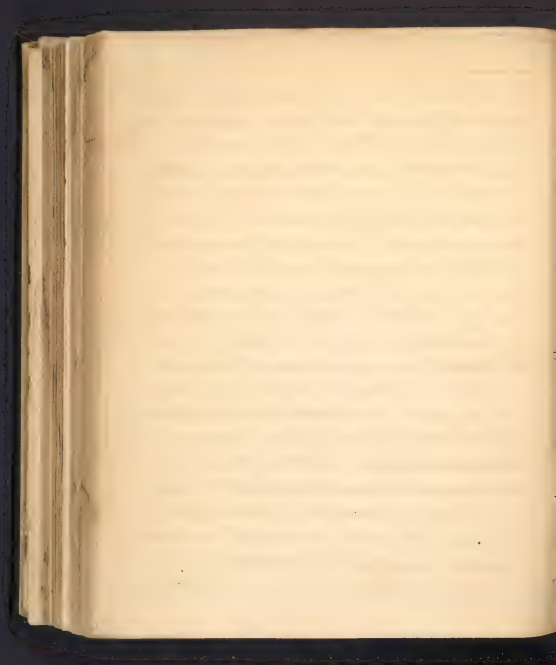


from thirty to Sixty Drops of Laudanum, confining the Patient for some Hours to a horizontal Posture; if the first Dose is rejected, the Mixture, when repeated, will be retained. How far this Obstacle may be gone, I am unable to say; but I think it is well applicable to the first stages of the Disease, & the Stomach is so irritable after the Disease is established as not to admit of such a Practice. If it succeeds, it must be very principally exciting the cutaneous Capillary action and thereby to remove the Disease.

The Mode in which I now prescribe the Medicine, most effectual, is by giving it in small Doses combined with Opium, in the Proportion of three grains of Opium to half a Grain of Opium every three or four Hours. Such is the Confidence I have in the Preparation, that after External action has been subdued, by previous blood letting, I rely on it almost entirely for the Accomplishment of a Cure. Nothing calms the Cramping and Spasms so effecting, in this Disease as this Mixture. At the same time that it acts on the Vessels of the Skin, reestablishing



a healthy action. In conjunction with this Medicine  
given to determine to the Surface and may, internal  
Abrasions, such as <sup>to</sup> Warm Sores, Ulcers, Burns,  
Warm Fomentations. Such as Channels coming out ~~out~~ of  
a Decoction of Camomile Flower and Poppy Heads  
and applied warm to the Abdomen, as Eegene  
Peppes and Brandy <sup>Diodes</sup>; all of which tends to irritate  
the Surface and relieve the more internal Parts.  
Such is the general Practice in the early stages of  
Dysentery. But there are other Remedies which have  
been recommended by high Authority, and from  
the Trials I have made with one of them (Sugar  
of Lead) I am disposed to place much Confidence  
in it, though the Trials made with it does not fully  
tell I am was the Effect that I am disposed to  
Speak favorably of it. The action of this Medicine is  
very Peculiar, it appears to calm Irritation and  
open Concrements. The Dose which I have found to suit  
best is about two Grains combined with one of Opium  
given as the urgency of the symptoms demand. This  
Among



Among all other Remedies appears to be best suited to all  
Vomina and Purges. Another Remedy which I believe  
has not got into general Practice, and has certainly some  
surprising Qualities, demands attention; this is the  
inner Bark of an Oak Tree, called the black Oak, which  
is the Common Name of this Tree in Virginia, and is  
a small size growing on poor and liny Land.

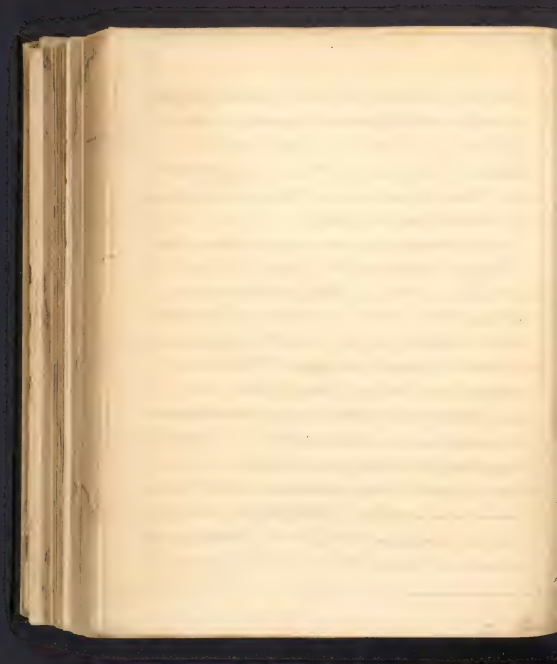
The Manner of giving this, is to take a handfull of the  
inner bark in small Pieces and add to it half a Gallon  
of Water, boil it down until the Decoction is of the Color  
of Port Wine; a some Spoonfull of this is to be taken  
five or six times during the Day. What is the Mode  
of Action of this Medicine, I am not prepared to say;  
but certainly it is a peculiar one. It appears to be  
suited to this Disease after Obstinate Actions has  
been subdued, by previous Blood-letting; or in  
Mild Cases where there is not much natural action.  
There are many Persons who will attest the Efficacy  
of this Practice among the Country People; indeed  
such is their Confidence in it, that they believe it to be  
a Specific





a Specific. I have seen this remedy made use of, frequent-  
ly, and its happy Effects were astonishing; it calms  
the Gonorrhea and Gleet, when other Remedies have  
failed. This is a common Remedy among the West Indians,  
and I think demands now Attention, <sup>from those</sup> who have it in  
their Power to test its Efficacy.

A very common Remedy among the lower Class  
of People, for Expectorate, is a Tea made of the inner bark  
of the Slipper Elm, and this will give it alone, for  
obtaining a Cure. That this Remedy might be introduced  
into the Treatment of Gonorrhea, with Advantage, cannot  
be doubted. I have made frequent Trials of it as an  
auxiliary and with very happy Effect; the inner  
Bark put into Cold Water and permitted to stand  
for one hour or more, forms a fine Mucilage, which,  
independent of its Mucilaginous Qualities in hindering  
the Irritation of the Mucous Excretions of the Urethra,  
and acts as an excellent Nourishment, and when taken  
in large Quantities passes through the Urethra nearly  
natural. It relieves the disagreeable Gonorrhea  
abundant



attendant on dissection, besides the tumours before mentioned,  
(I dare could be. Butler is an Enema, very good, also  
a Suppositoria of Opium.

I have now completed the Treatment of acute Dysen-  
tery, but there is a form of this Disease which demands  
attention. It is that where there is a chronic Inflammation  
in the Intestines from long disordered Stools. There  
is much Swelling of the Bowels, attended with  
frequent Discharges of Mucous, griping Pains, want of  
Appetite, and the Food taken passes imperfectly digested.  
The Face is sallow, Eyes sunken, Countenance meagre.  
The Blood is less confined to the large Vessels and  
Vagina. This condition is frequently the Case, and often  
misleads the Doctor entirely removed, when there is a  
relapse even now and then of distressing Symptoms  
which harass the Patient for a length of Time. To  
effect a permanent Cure in this Case, we may resort  
to mild Blood letting, if any Fever be present,  
and three or four times often repeated, and at the same  
time make it our chief aim to establish the natural  
and healthy



and healthy Action of the extreme Vessels; this is best done by mild doses of Opium, and Opium, aided by friction every Night. For the same end, Blisters are used highly usefull; they are to be applied over the Abdomen. Among the most important Remedies in the latter Stage of Dysentery, is a Lannel Roller. This has been recommended both in the acute and Chronic Stages of Dysentery, but I think it much better suited to the Chronic than ~~the~~ acute Stage. It keeps up a continual Excitement on the Surface, and by that means reestablishes the natural Functions of the Exhalants of <sup>the</sup> Surface. The Manner of applying it, is to take a Roller about three inches broad and wrap the Body from the Pelvis to the Axilla.

Upon the whole, if after we have tried the Remedies hitherto mentioned and are still unable to break up the morbid Apocalious and to reestablish the Functions of the Skin; then our most effectual Remedy is Calomel in small and repeated Doses, Combined with Opium; such as  
two grains



two grains of Calomel to one of Opium given morning and night; this is to be pursued some Alterations, now affecting the Mouth, but slightly, such as a Copperish Taste &c. This medicine is particularly suited to the Southern States, where the bilious Apparatus is generally deranged, and has a most happy Effect of breaking down and throwing out the Remains of a Disease which proves very harassing to the Patient.

As regards the more malignant Species of Dysentery connected with a Typhoid State, the mode of Practice is not similar in the first Stages to that of the common form of Dysentery, and when we find our Patient sinking, we have then to use Stimulants with Astringents to support the Strength of the Patient. Upon the whole when there is a sinking State, obstinately defying our common Method of Cure, then if time will admit, try to excite a Salivation, which if effected will almost invariably give Relief. Diet.

Dysentery being an active Inflammation of the  
Mucous Membrane,





Alimentaries, Canal, Mild Diet should be used,  
and that of the fluid kind, as barley Water, Rice  
Water, Slippery Elm water, Flax seed Tea, Sago,  
Tapioca, arrow root; all of which are very nourish-  
ing, the Diet becoming more Stimulant as the  
Disease is milder.

I have now completed my Thesis on Dysentery,  
not enumerating many Articles which have been  
said to prove efficacious in the Disease; but prin-  
cipally those which I have tried and have found  
to be most effectual in my Hands. If I have  
left out some Medicines which prove highly useful  
in this Disease in the Hands of others, it is not  
from Skepticism concerning them, nor from  
bigotted Notions, but a want of practical  
Experience in them sufficient to speak with  
any Degree of Confidence. (It is not to be expected  
that a Thesis from a Student of Medicine can  
be either extensive, or presenting in itself any  
thing new, not suggested to others in a  
Measure



measures before. This is precluded by the limited  
Sphere of action in which he is placed, while a  
Student, and can only give small practical Im-  
provements, or useful Modifications of former Practices.

I conclude my Thesis, by wishing, that  
it may meet the Approbation of the learned  
Professors of the Institutions in which it is to be  
examined.

